Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				pplication Number	10/560,190 5/12/2004		
For FY 2009				ling Date			
Applicant claims small entity status. See 37 CFR 1.27			1	Examiner Name Fred M. Teskin Art Unit 1796		CSKIH	
TOTAL AMOUNT OF PAYMENT (\$) 310,00				Attorney Docket 5946 - 091709			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FI							
Application Type		Entity e(S) Fee(S	Small En Fee (S		mall Entity Fee (\$)	Fees F	Paid (\$)
Utility		32 540	270	220	110	10091	aid (b)
Design	220 1	10 100	50	140	70	***************************************	
Plant	220 1	10 330	165	170	85	***************************************	
Reissue		65 540	270	650	325	·	
Provisional		10 0	0	0	0	***************************************	the state of the s
		10 0	U	U	U	*	0 1170 44
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (incl			52	26			
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent clair	ns					390	195
<u>Total Claims - 20</u>	<u>Dor HP</u> <u>E</u>	extra Claims	Fee (\$)	Fee Paid (\$)		Multiple D	ependent Claims
		x				<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of to	otal claims paid for,	, if greater than 20.					
Indep. Claims -3	or HP E	Extra Claims	Fee (\$)	Fee Paid (\$)			
IID - highest number of in	donardant alaima	XX	. 2				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		er of each	additional 50 or fra	ction thereo	Fee (\$)	Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Information Disclosure Statement & Extension of Time Fees 310.00							
SUBMITTED BY							
		p -	_	Registration No.	25.070	Telephone 4	17 171 0015
Signature				(Attorney/Agent)	35,972	_	12-471-8815
Name (Print/Type)	Ann M Can	noni				Date Octob	per 16, 2009